

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091-62746	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1				51					
2	1	1	1				52					
3	1	1	1				63					
4	1	1	1				54					
5	4	1	1				55					
6	1	1	1				56					
7	1	1	1				57					
8	1	1	1				58					
9	1	1	1				59					
10	1	1	1				60					
11	1	1	1				61					
12	1	1	1				62					
13	1	1	1				63					
14	1	1	1				64					
15	1	1	1				65					
16	1	1	1				66					
17	1	1	1				67					
18	1	1	1				68					
19	1	1	1				69					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.	1	1	1	1	1
TOTAL DEP.	23	23	20	20	20	20	TOTAL DEP.	23	23	20	20	20
TOTAL CLAIMS	24	24	21	21	21	21	TOTAL CLAIMS	24	24	21	21	21

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